


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

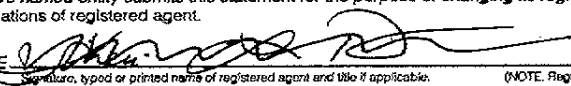
DOCUMENT # P02000018365	
1. Entity Name SUNSHINE PET SITTERS, INC.	

Principal Place of Business 11145 SANDYSHELL WAY BOCA RATON, FL 33498	Mailing Address 11145 SANDYSHELL WAY BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DUNN, SHERI L 11145 SANDYSHELL WAY BOCA RATON, FL 33498	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/22/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000095318 03/24/04-80026-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNN, SHERI 11145 SANDYSHELL WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O DUNN, ROBERT 11145 SANDYSHELL WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/22/04** DAYTIME PHONE # **561-479-0319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR